

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

☐ Amended

IN THE MATTER OF

**Notice of Rights on
Emergency Protective
Placement**

Case No. _____

Date of Birth _____

I am the ☐ director ☐ director's designee of the facility in which the individual is detained.

You have been detained for emergency protective placement.

You are notified that you have the following rights:

- To contact an attorney.
- To have an attorney provided at public expense, if you are a minor or if you are indigent.
- To contact a member of your immediate family.

You will be notified of the time and place of the hearing to establish probable cause for protective placement. This hearing must be held **within 72 hours** of your detention, excluding Saturdays, Sundays and legal holidays.

A copy of the Statement of Emergency Protective Placement by the person making the emergency protective placement is being provided to you with this Notice of Rights along with a copy of the petition for:

- ☐ protective placement (individual currently under guardianship).
- ☐ guardianship and petition for protective placement.
- ☐ protective placement (minor alleged to be developmentally disabled).

I am providing you with this Notice of Rights both orally and in writing on (date) _____ at
(time) _____ ☐ a.m. ☐ p.m.

Signature of Director of Facility or Designee	Name of Facility and Address
Name Printed or Typed	Telephone Number

Distribution: Original Court
Copies: Individual
Facility